

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	Depend	* Indep	Depend	* Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

**CLAIMS ONLY**

Application Number

61648532

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep.			8			
Total Depend			40			
Total Claims			48			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep.						
Total Depend						
Total Claims						